United States Bankruptcy Court Southern District of Georgia

Affidavit of CM/ECF Certification in Another District

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(Print Full Name)	(Law Firm or Company)
hereby certify that I am a registered user of the	ne CM/ECF system, in good standing, with the U.S.
Bankruptcy Court for the	Additionally, I have attached to this
affidavit written documentation to verify that	t I have sufficient knowledge of and experience with
the CM/ECF system to file documents electronic	onically.
I further certify that I have executed a	and attached the Southern District of Georgia's
Electronic Case Filing (ECF) System Trainin	g Registration form, and that my use of Georgia
Southern's CM/ECF system will be in compl	liance with all administrative orders and guidelines.
Therefore, I hereby request waiver of	the court's requirement to attend CM/ECF training
in the Southern District of Georgia.	
	(Signature)
	(Date)

Submit certification/waiver request form to:

United States Bankruptcy Court Attn: CM/ECF Project Manager 125 Bull Street Savannah, Georgia 31401